## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10|583911

| CLAIMS AS FILED - PART I   |  |                                  |   |   |  |                                  |   | SMALL ENTITY TYPE   |                        | ΩP     | OTHER THAN OR SMALL ENTITY |                        |
|--|--|----------------------------------|---|---|--|----------------------------------|---|---------------------|------------------------|--------|----------------------------|------------------------|
|  | II C NATIONAL CTACE TELE                       |                                  | (Column 1)                                |   | (Column 2)                             |                                  | 1 |                     |                        | 7<br>7 | SIVIALL                    | ENIIIY                 |
| U.S. NATIONAL STAGE FEES   |  |                                  |   |   |  |                                  |   | RATE                | FEE                    | 1      | RATE                       | FEE                    |
| BA   | SIC FEE  | n.                               | SMALL ENT                                 | T. = \$ 150                                 | LARGE ENT. = \$ 300                    |                                  |   | BASIC FEE           | <br>                   | OR     | BASIC FEE                  | 360                    |
| EXAMINATION FEE  |  |                                  | Satisfies PCT A<br>(4) = \$50             | / \$ 100                                    | All other situations = \$ 100 / \$ 200 |                                  |   | EXAM. FEE           |                        | 1      | EXAM. FEE                  | ZW                     |
| SEARCH FEE   |  |                                  | U.S. is ISA = \$ ALL other co \$ 200 / \$ | untries =                                   |  | other situations = \$250 / \$500 |   | SEARCH FEE          |                        |        | SEARCH FEE                 | Yw                     |
| FEE FOR EXTRA SPEC. PGS.   |  |                                  | min                                       | us 100 =                                    | / 50*=                                 |                                  |   | X \$ 125 =          |                        |        | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS  |  |                                  | minus 20 =                                |   | *                                      |                                  |   | X \$ 25 =           |                        | OR     | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS   |  |                                  | <i>       </i> m                          | ninus 3 =                                   | *                                      |                                  |   | X \$ 100 =          |                        | OR     | X \$ 200 =                 |                        |
|  |  | IDENT CLAIM PRI                  |   |   |  |                                  |   | + \$ 180 =          |                        | OR     | + \$ 360 =                 |                        |
| * If   | the difference                                 | e in column 1 is                 | less than zero                            | o, enter "(                                 | )" in co                               | olumn 2                          | - | TOTAL               |                        | OR     | TOTAL                      |                        |
|  |  | CLAIMS AS (Column 1)             | AMENDED                                   | (Colur                                      | nn 2)                                  | (Column 3)                       |   | SMALL E             | NTITY                  | OR     | OTHER<br>SMALL E           |                        |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT  |   | HIGH<br>NUMI<br>PREVIC<br>PAID              | BER<br>DUSLY                           | PRESENT<br>EXTRA                 |   | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *                                | Minus                                     | **  |  | =                                |   | X \$ 25 =           |                        | OR     | X \$ 50 =                  |                        |
|  | Independent                                    | *                                | Minus                                     | ***   |  | =                                |   | X \$ 100 =          |                        | OR     | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |   |   |  |                                  |   | + \$ 180 =          |                        | OR     | + \$ 360 =                 |                        |
|  |  |                                  |   |   | _                                      |                                  | • | TOTAL ADDIT.<br>FEE |                        | OR     | TOTAL ADDIT. FEE           |                        |
|  |  | (Column 1)                       |   | (Colum                                      | -m 2\                                  | (O-t 0)                          |   |                     |                        |        | ·                          |                        |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT |   | (Colum<br>HIGHE<br>NUME<br>PREVIO<br>PAID F | EST<br>BER<br>USLY                     | (Column 3) PRESENT EXTRA         |   | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *                                | Minus                                     | **  |  | =                                |   | X \$ 25 =           |                        | OR     | X \$ 50 =                  |                        |
|  | Independent                                    | *                                | Minus                                     | ***   |  | =                                | Ī | X \$ 100 =          |                        | OR     | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |   |   |  |                                  |   | + \$ 180 =          |                        | OR     | + \$ 360 =                 |                        |
|  |  |                                  |   |   |  |                                  | _ | TOTAL ADDIT.<br>FEE |                        | OR     | TOTAL ADDIT.<br>FEE        |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |  |                                  |   |   |  |                                  |   |                     |                        |        |                            |                        |